

COLLEGE OF  
DENTISTRY

مشاريع

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الخامسة

لسنة 2021-2022





AI-KITAB UNIVERSITY  
COLLEGE OF DENTISTRY  
5<sup>TH</sup> STAGE



Republic of Iraq  
Ministry of Higher Education  
And Scientific Research

# Prosthodontics

## Failure and solution of removable partial denture

SUBMITTED TO COLLEGE OF DENTISTRY, UNIVERSITY OF AL-KITAB AS PARTIAL OF  
THE REQUIREMENTS OF B.D.S DEGREE

Prepared by :

KHALIL FAKHIR KHALIL  
OMAR HATEM HUSSAIN  
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Supervised by :

prof .Dr.DHIA I .IBRAHIM AL-DORI Prof. (PROSTHODONTICS DENTISTRY)

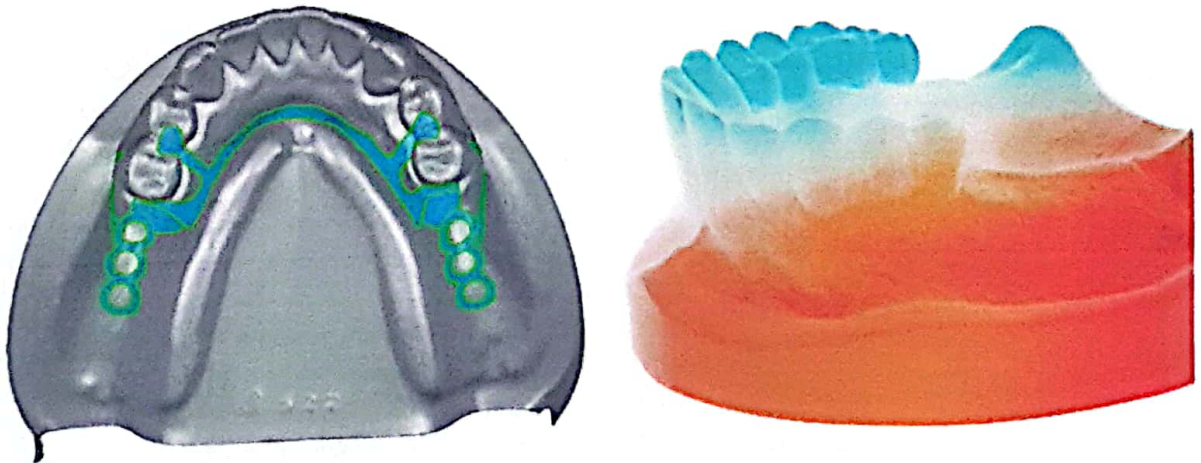
Date / 2021-2022

1443 A.H



## Abstract

The design of removable partial dentures (RPDs) is an important factor for good prognostication. The purpose of this study was to clarify the effectiveness of denture designs and to clarify the component that had high rates of failure and complications. A total of 91 RPDs, worn by 65 patients for 2-10 years, were assessed. Removable partial dentures were classified into four groups: telescopic dentures (TDs), ordinary clasp dentures (ODs), modified clasp dentures (MDs) and combination dentures (CDs). The failure rates of abutment teeth were the highest and those of retainers were the second highest. The failure rates of connectors were generally low, but they increased suddenly after 6 years. Complication and failure rates of denture bases and artificial teeth were generally low. Complication and failure rates of TDs were high at abutment teeth and low level at retainers. Complication and failure rates of ODs were high at retainers





# **Pattern of Partial Edentulism in a Sample of Patients that had attended Al Kitab College of Dentistry**

**A Research Submitted to the Council of the College of Dentistry at the Hawler Medical University in Partial Fulfillment of the Requirements for the Degree of Bachelor Sciences.**

**By:**

**Mahmoud Faraidon Othman**

**Aran nariman Muhammad**

**Asos kazim hassan**

**Supervised by:**

**prof .Dr.DHIA I .IBRAHIM AL-DORI Prof. (PROSTHODONTICS DENTISTRY)**

**April 2022**

**Newroz 2722**

**Ramadan 1443**



# ABSTRACT

*Objectives:* The main objective of this research is to predict the pattern of edentulism, according to the Kennedy classification. The effects of age and gender on pattern of edentulism will also be reviewed in the same population.

*Methodology:* The research method used was cluster research, the cluster chosen for this research was Al Kitab, College of Dentistry. The sample selected was the patients that had visited the prosthodontics department of Al Kitab College of Dentistry throughout 2020-2021, a total of 144 patients took part in this research. The data was collected retrospectively using a close-ended questionnaire. The data was then tabulated and analyzed using SPSS 21 for windows.

*Results:* class II partial edentulism was the most predominant pattern, comprising 50.6% among both the genders, while class IV was the least prevalent with only 2.8% of the total cases. The most dominant pattern of partial edentulism in the maxillary arch class II with 56.9%, while for the mandibular arch class I edentulism was the most prevalent type with about 40.7%. In Kennedy class I edentulism of the maxilla the vast majority of cases present was no modification, while class II and class III were both most commonly associated with one modification space.

*Conclusion:* The present study concluded that Kennedy class II was the most common pattern of partial edentulism among the sample of this study. No relation was found between gender and the incidence of partial edentulism, while different age groups showed some significant differences in the incidence of partial edentulism.



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College of Dentistry



# Affect Sublingual Gland on Oral Cavity and Dental Health

Research submitted as a requirement for obtaining a  
bachelor's degree in the College of Dentistry

*By*

Shahad Mohammed Hafidh  
Belal Mohammed Ahmed  
Abdulrhman Khalid Hazim

*Supervised by*

**Dr. Reem adeeb**

2022 AD

14423 AH

## **Introduction**

The sublingual gland is the smallest of the three major salivary glands [1], which also include the parotid and submandibular glands. The sublingual gland lies between the muscles of the floor of the oral cavity, which include the geniohyoid muscle, hyoglossus muscle medially, and the mylohyoid muscle inferiorly. The mandible borders the sublingual glands laterally [2].

The ducts of Rivinus, a group of excretory ducts, drain the sublingual gland. The largest sublingual gland excretory duct called the sublingual duct of Bartholin joins Wharton's duct near the sublingual caruncle. The sublingual caruncle is a papilla located medial to the sublingual gland and lateral to the lingual frenulum [2]. The sublingual gland contributes approximately 5% of saliva in the oral cavity [3].

Producing mixed secretions which are predominately mucous in nature. These secretions are important in lubricating food, keeping the oral mucosa moist and initial digestion.

Since the salivary glands are divided into major and minor categories. The major glands are entire masses of secretory tissue with a single duct that connects the exocrine glands with the oral cavity, while the minor glands are individual exocrine glands that secrete directly into the oral cavity via their own individual ducts that are part of their makeup. This is where the sublingual glands, although classed as major glands, fall into both categories. They are collective exocrine tissue



**University of AL-Kitab  
College of Density  
2021-2022**



**MANDIBULAR IMPLANT RETAINED  
OVERDENTURES**

**A PROJECT SUBMITTED TO PARTIAL FULFILLMENT  
OF THE REQUIREMENTS FOR GRADUATION, BDS.  
CERTIFICATE –COLLEGE OF DENSITY, AL-KITAB  
UNIVERSITY**

**By**

**Alan Abdulrahman Othman**

**Zozk Najm Al-din Omer**

**Muhammad Rahmatallah Ahmad**

**Supervisor**

**A.P.Dr. Muaid Rabee**

**2021-2022**

## **ABSTRACT**

The aim of this study is to report the experience and results of a university extension program project which proposes to rehabilitate low-income patients with severely compromised dentition, using immediate complete dentures (ICD) for the upper arch and overdenture supported by two immediately loaded implants on the lower jaw. **Methods:** Forty-two patients were selected for the study. In three cases, primary locking was not consistent with the procedure of implant immediate loading. In these patients, the prostheses were captured in a conventional manner after osseointegration. A total of 39 patients received overdenture with immediate loading. Three of them suffered early loss of one of the implants, all in the first month after the procedure. Implants that had been lost were recaptured and replaced three months later. A total of 36 patients completed the period of osseointegration without any implant loss. Patients were periodically evaluated. The oldest cases reached 36 months of follow-up, whereas the newest one was 6 months under control. **Results:** By the time of the latest reviews, no further loss of implants was observed. The survival rate was 96.15%, i.e., only 3 out of 78 implants were lost after immediate loading. **Conclusion:** The project is highly satisfactory in terms of esthetic and functional results. Additionally, it provides significant improvements in quality of life of the assisted population.

**Keywords:** Tooth extraction. Immediate complete denture. Immediate loading. Mastication. Esthetics. Quality of life.



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## "PRECISION ATTACHMENT"

A LITERATURE REVIEW SUBMITTED TO COLLEGE OF  
DENTISTRY, UNIVERSITY OF AL-KITAB AS PARTIAL  
OF THE REQUIREMENTS OF B.D.S DEGREE

Submitted by:

Danya Abdulhamid Majeed

Mohammed Nwar Majeed

Hussien Mueen Ali

Supervised by:

Prof. Dr. Dhiaa Al-douri

Prof. (PROSTHODONTICS)

1443 A.H

2022 A.D



## **ABSTRACT**

Partially edentulous patients require more attention and the dentist has to use his knowledge and skill in providing an esthetic and functional prosthesis, using the support of the remaining teeth and ridge. Precision attachment denture has always been considered beneficial for the patient, because it combines both fixed and removable prosthodontics, giving a more esthetic and functional outlook to the denture. Use of precision attachment has simplified and amplified the aspects of retention, function and esthetics when compared to the conventional removable partial dentures. This article discusses about the various attachments used in treating partially edentulous patients. (Dr.Hema Kanathila,Dr.Mallikarjun H Doddamani,Dr.Ashwin Pangi, 2018)

**Keywords:** precision attachment, intracranial attachment, extra coronal attachment, keyway attachment

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College of Dentistry



**COMPARISON AMONGST DIFFERENT  
EXTRACTION TECHNIQUES IN ORAL SURGERY: A  
REVIEW OF LITERATURE**

**(GRADUATION PROJECT)**

A PROJECT SUBMITTED TO THE SCIENTIFIC COMMITTEE OF  
THE DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY, AL-  
KITAB UNIVERSITY

**BY :**

**ABDULLAH RAFID ADULLAH  
OTHMAN WADIE MOHAMMED  
YAKEEN BADEE MOHAMMED**

**SUPERVISED BY:  
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B.D.S., M.S.C., ORAL SURGERY**

**2022 A .D.**

**1443A.H.**

## *Abstract*

**BACKGROUND:** Traditional extraction methods not only producing postoperative pain but also damaging the hard and soft tissues surrounding the tooth. This leads to difficulty in maintaining the socket integrity and thus making future prosthetic replacement difficult.

**AIMS:** This project aimed to compare between different extraction techniques that utilized during removal of teeth regarding advantages, disadvantages, limitations, and complications. It also discussed the importance of atraumatic tooth extraction.

**MATERIALS & METHODS:** A systemic search was conducted in the electronic databases of Google Scholar and MEDLINE (PubMed). Two reviewers independently assessed the articles. The key terms were dental extraction, indications of dental extraction, contraindications of dental extraction, techniques of dental extraction, mechanical principles of dental extraction, atraumatic extraction, advantages of atraumatic extraction, and disadvantages of atraumatic extraction. Articles that were not related to the purpose of this study were excluded from further evaluation.

**RESULTS:** The initial search revealed 19 papers (Google Scholar = 16, PubMed = 3), of which 6 were excluded since they were irrelevant. The included articles and text books (13) were entirely read. They were categorized with respect to their context into four main groups. The results derived from the review process were described under several different topic headings to give readers a clear overview of the literature.

**CONCLUSIONS:** This review has showed that different techniques could be implemented to perform dental extraction, however, there is no any absolute indication for a specific extraction technique over others. It also clarified that, whenever possible, the operator should perform atraumatic tooth extraction in order to preserve the surrounding soft and hard tissues for better future prosthesis.





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## Digital radiography in Dentistry

A LITERATURE REVIEW SUBMITTED TO COLLEGE OF  
DENTISTRY, UNIVERSITY OF AL KITAB AS PARTIAL  
FULFILLMENT OF THE REQUIREMENTS  
OF B.D.S. DEGREE

### Submitted By

Sarah Khalid Owaid  
Ghadeer Hamed sbeekhan  
Fatima alzahraa Ibrahim

### Supervised By

Dr. Tariq Adeeb

## **Abstract:**

Since the discovery of X-rays in 1895, film has been the primary medium for capturing, displaying, and storing radiographic images. It is a technology that dental practitioners are the most familiar and comfortable with in terms of technique and interpretation. Digital radiography is the latest advancement in dental imaging and is slowly being adopted by the dental profession. Digital imaging incorporates computer technology in the capture, display, enhancement, and storage of direct radiographic images. Digital imaging offers some distinct advantages over film, but like any emerging technology, it presents new and different challenges for the practitioner to overcome. This research presents an overview of digital imaging including basic terminology and comparisons with film-based imaging. The principles of direct and indirect digital imaging modalities, intraoral and extraoral applications, image processing, and diagnostic efficacy will be discussed.



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And Scientific Research  
AL-Kitab University  
College of Dentistry



# Affect Sublingual Gland on Oral Cavity and Dental Health

Research submitted as a requirement for obtaining a  
bachelor's degree in the College of Dentistry

*By*

Shahad Mohammed Hafidh  
Belal Mohammed Ahmed  
Abdulrhman Khalid Hazim

*Supervised by*

**Dr. Reem adeeb**

2022 AD

14423 AH



## **Introduction**

The sublingual gland is the smallest of the three major salivary glands [1], which also include the parotid and submandibular glands. The sublingual gland lies between the muscles of the floor of the oral cavity, which include the geniohyoid muscle, hyoglossus muscle medially, and the mylohyoid muscle inferiorly. The mandible borders the sublingual glands laterally [2].

The ducts of Rivinus, a group of excretory ducts, drain the sublingual gland. The largest sublingual gland excretory duct called the sublingual duct of Bartholin joins Wharton's duct near the sublingual caruncle. The sublingual caruncle is a papilla located medial to the sublingual gland and lateral to the lingual frenulum [2]. The sublingual gland contributes approximately 5% of saliva in the oral cavity [3].

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Since the salivary glands are divided into major and minor categories. The major glands are entire masses of secretory tissue with a single duct that connects the exocrine glands with the oral cavity, while the minor glands are individual exocrine glands that secrete directly into the oral cavity via their own individual ducts that are part of their makeup. This is where the sublingual glands, although classed as major glands, fall into both categories. They are collective exocrine tissue

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College of dentistry



وزارة التعليم العالي  
والبحث العلمي  
جامعة الكتاب  
كلية طب الأسنان

Project Name

**“TMN STAGING SYSTEM”**

Prepared by:-

Marwan Nabeel Ibraheem  
Reem Yaseen Ali  
Shahd Amer Hadi

Supervisor:-

Dr. Hassan Qassim Hassan

2021-2022



## Introduction

### •The History of the TNM System

The TNM system for the classification of malignant tumours was developed by Pierre Denoix (France) between the years 1943 and 1952. [1]

In 1950, the UICC-**Union for International Cancer Control** appointed a Committee on Tumour Nomenclature and Statistics. As a basis for its work on clinical stage classification, it adopted the general definitions of local extension of malignant tumours suggested by the World Health Organization (WHO) Sub Committee on The Registration of Cases of Cancer as well as Their Statistical Presentation. [2]

In 1958, the Committee published the first recommendations for the clinical stage classification of cancers of the breast and larynx and for the presentation of results.[3]

A second publication in 1959 presented revised proposals for the breast, for clinical use and evaluation over a 5 year period (1960–1964) [4].

In 1968, a booklet, the Livre de Poche [5]and, a year later, a complementary booklet was published detailing recommendations for the setting up of field trials, for the presentation of end results, and for the determination and expression of cancer survival rates.[6]

The Livre de Poche was subsequently translated into 11 languages. In 1974 and 1978, second and third editions[7],[8] were published containing new site classifications, and the fourth edition of TNM in 1987.[9]

In 1993, the project published the TNM Supplement[10] . to promote the uniform use of TNM by providing detailed explanations of the TNM rules with practical examples.

Second, third, and fourth editions appeared in 2001, 2003, and 2012[.11–13]

The project also publishes the TNM Atlas an Illustrated Guide to the TNM Classification of Malignant Tumours, the sixth edition was published in 2014 as a companion to the seventh edition of the TNM Classification.[14]

In 1995, the project published Prognostic Factors in Cancer,[15] a compilation and discussion of prognostic factors in cancer, both anatomical and non anatomical, at each of the body sites. This was expanded in the second edition in 2001 [16]and the third edition in 2006 [17]





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# **MAXILLARY SINUS AUGMENTATION PROCEDURES**

**PROJECT**

**Submitted To The College Of Dentistry, Al-Kitab University, In Partial Fulfilment  
For The Requirement To Award The Degree B.D.S.**

**By:**

**Anfal Khalid Jamal**

**Farah Saadi Ali**

**Sarah Raad Hussian**

**Supervised By:**

**Dr. Haltham Abdul Al-ziarah**

**2022 A.D**

**1443 A.H**

## ABSTRACT

Sinus lift procedures are used to allow residual bone to accommodate functional implants in atrophic posterior maxilla. Numerous anatomical and surgical advancements in sinus lift surgery are still inspiring clinicians.

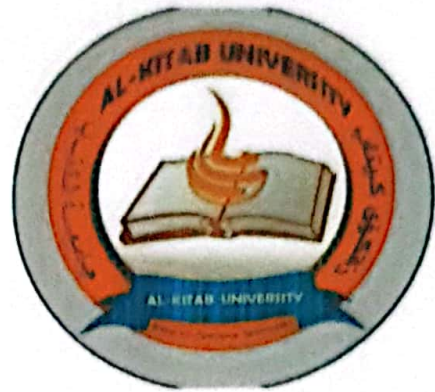
The anatomy of the maxillary sinus, especially its vascular anatomy, and its relationships with the teeth and alveolar processes have been well documented. The development of cone-beam computed tomography has resulted in dentists being more familiar with maxillary sinus floor augmentation procedures. This paper aims to revisit the classic anatomy of the maxillary sinus and review the newly published literature in order to help dentists diagnose in more detail and perform safer surgery of the maxillary sinus.

In this study we tried to explain about sinus grafting technique through various studies and show the importance types and complications also we reviewed some previous studies and cases and demonstrating them to be clear about the subject.



**Ministry of Higher  
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**Scientific graduation research :**

**Treatment of Plaque-induced Gingivitis, Chronic  
Periodontitis, and Other Clinical Conditions**

**Submitting the graduation thesis to the Department  
of Dentistry in order to obtain a bachelor's  
degree in dentistry**

**By the students:**

**Omer Samir Jasim  
Mohammed Arkan Mossa  
Mostafa Ahmad Nava**

**Supervised by:**

**Assist.Prof.Dr.Dilyar Ahmed Baban**



## **1.1 Introduction:**

Gingivitis and periodontitis are the two major forms of inflammatory diseases affecting the periodontium. Their primary etiology is bacterial plaque, which can initiate destruction of the gingival tissues and periodontal attachment apparatus. (Umezudike ,2017)

Gingivitis is inflammation of the gingiva that does not result in clinical attachment loss. Periodontitis is inflammation of the gingiva and the adjacent attachment apparatus and is characterized by loss of connective tissue attachment and alveolar bone. Each of these diseases may be subclassified based upon etiology, clinical presentation, or associated complicating factor. (Bornstein ,2018)

Gingivitis is a reversible disease. Therapy is aimed primarily at reduction of etiologic factors to reduce or eliminate inflammation, thereby allowing gingival tissues to heal. Appropriate supportive periodontal maintenance that includes personal and professional care is important in preventing re-initiation of inflammation. Therapeutic approaches for periodontitis fall into two major categories: 1) anti-infective treatment, which is designed to halt the progression of periodontal attachment loss by removing etiologic factors; and 2) regenerative therapy, which includes anti-infective treatment and is intended to restore structures destroyed by disease.

Essential to both treatment approaches is the inclusion of periodontal maintenance procedures. (Turton ,2017)

Inflammation of the periodontium may result from many causes (e.g., bacteria, trauma). However, most forms of gingivitis and periodontitis result from the accumulation of toothadherent microorganisms. Prominent risk factors for development of chronic periodontitis include the presence of specific subgingival bacteria, tobacco use, diabetes, age, and male gender. Furthermore, there is evidence that other factors can contribute to periodontal disease pathogenesis: environmental, genetic, and systemic (e.g., diabetes). (Lim ,2014)

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**College of Dentistry**



## **(Orofacial Pain )**

A project

Submitted to the college of dentistry, University of Al-  
Kitab Department of Preventive Dentistry in partial  
fulfillment for the requirement to award the degree B.D.S

### **Submitted by:**

Zahraa Abbas Tawfeeq

Farah Ahmed Taha

Belan Ghalib Ahmed

5th Grade

### **Supervised by:**

Dr.haitham ziarah

(B.D.S. OMS)

Dr. Wafiqa al-nuaimi

(M.B.Ch.B)

2022 A.D

I

1443 A. H



## Abstract

Some of the most prevalent and debilitating pain conditions arise from the structures innervated by the trigeminal system (head, face, masticatory musculature, temporomandibular joint and associated structures). Orofacial pain (OFP) can arise from different regions and etiologies. Temporomandibular disorders (TMD) are the most prevalent orofacial pain conditions for which patients seek treatment.

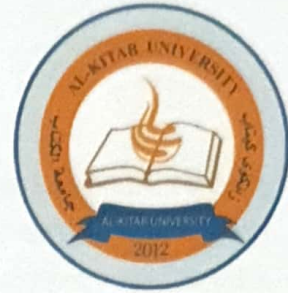
Temporomandibular disorders include a number of clinical problems that involve the masticatory musculature, the temporomandibular joint (TMJ) or both. Trigeminal neuropathic pain conditions can arise from injury secondary to dental procedures, infection, neoplasias, or disease or dysfunction of the peripheral and/or central nervous system.

Neurovascular disorders, such as primary headaches, can present as chronic orofacial pain, such as in the case of facial migraine, where the pain is localized in the second and third division of the trigeminal nerve. Together, these disorders of the trigeminal system impact the quality of life of the sufferer dramatically. A multidisciplinary pain management approach should be considered for the optimal treatment of orofacial pain disorders including both non-pharmacological and pharmacological





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Department of Dentistry**



## **Replacement of missing Anterior teeth**

Research submitted to the Department of Dentistry at Al-Kitab  
University to obtain a bachelor's degree in Dentistry

***Prepared By***  
**Dhilal Rifaat Ahmed**

***Supervisor By***  
**Dr. Muaid Rabee**

**2022 A.D**

## **Abstract**

The anterior teeth usually need immediate replacement after extraction to fulfill the esthetic and related psychosocial requirements of the patient. The numerous techniques available to clinicians for this purpose are either expensive, uncomfortable, technique-sensitive, laboratory-intensive, or fragile. This article describes a chairside method of creating an immediate bonded replacement that is tailor-made to the patient's oral cavity and overcomes most of the limitations mentioned above. The life-like composite resin – ovate pontic – is fabricated at the chairside, rapidly and effortlessly. All the steps and materials used are described in detail to enable any dental clinician to emulate the same when faced with a similar situation. Additionally, the case has been recorded in vivid photographs that are self-explanatory.

**Keywords:** Artificial tooth, Composite resins, immediate partial denture, Resin-bonded Fixed Partial denture, Temporary dental restoration

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College Of Dentistry



# **TEMPOROMANDIBULAR JOINT DISORDERS AND THEIR MANAGEMENT**

**A Graduation Project Submitted To College of Dentistry , Al-Kitab  
University To Partially Fulfill The Requirement Of Degree B.D.S In  
Dentistry**

**Prepared by**

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**Supervised by**

**Asst.Lecturer Faez Fadhil Ibrahim**

**May-2022 AD.**

**Shawwal-1443 AH.**



## ABSTRACT

Temporomandibular disorders (TMDs) is a multifactorial disease process caused by muscle hyperfunction or parafunction, traumatic injuries, hormonal influences, and articular changes, it rarely result in disabling conditions.

Symptoms of TMD include decreased mandibular range of motion, muscle and joint pain, joint crepitus, and functional limitation or deviation of jaw opening, signs and symptoms are very common among the general population and are generally self-limiting.

Only 3.6% to 7% of the general population has TMDs severe enough that they seek treatment. Patients with pain-free TMJ clicking generally do not need treatment, reassurance and education about this benign condition usually suffices.

Management of TMDs should include the control of contributing factors such as parafunctional oral habits. Smoking habits and certain disorders may influence TMD symptoms and prognosis, so these factors should be addressed.

Management of TMDs may include self-management instructions, oral appliances, pharmacotherapy, and physical therapy. Generally, invasive surgical management is indicated only after reasonable nonsurgical efforts have failed and when the patient's quality of life is significantly affected. Radiographic structural changes consistent with degenerative joint disease (DJD) should not be used as the sole guide for treatment decisions

Temporomandibular joint replacement is reserved for severely damaged joints with end-stage disease that has failed all other more conservative treatment modalities.



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# Selection and arrangement of teeth in complete denture

Research submitted as a requirement for obtaining a  
bachelor's degree in the College of Dentistry

**By**

**Dina Rashid Abd  
Baraa Saad Daoud  
estbraq Safa Abdul Razzaq**

**Supervised by**

**Dr. Moayid Rabie**

2022 AD

14423 AH

## Introduction

The selection arrangement of artificial teeth for edentulous patients requires a knowledge and understanding of a number of physical and biologic factors that are directly related to each patient [1].

Careful examination of the faces and teeth of people with natural teeth will develop a sense of dentofacial harmony that is the objective of tooth selection and esthetics.

Teeth selection is not simply a mechanical procedure but requires dexterity and knowledge of biology. Selection of teeth forms an important step before teeth arrangement

In Prosthodontics, the term “arrangement” would refer to a procedure of locating, tilting, rotating and spacing artificial tooth/teeth in relation to the plane of reference and to each other with the objective of creating a natural appeal and based on biomechanical requirements of complete denture treatment [1].



**Fig 1: Artificial Teeth**





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## **Selection and arrangement of artificial teeth in complete denture**

Research submitted by the students

**Mustafa Abbas Hussein**

**Ibrahim Abdulghani**

To the Council of the College of Dentistry /, which is part of the  
requirements for obtaining a bachelor's degree

Supervised by

**Dr. Muaid Rabee**

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**2022 AD**

**1443 AH**

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## Abstract

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### Abstract

Progress in any endeavor is not the result of some automatic or magic process. In prosthodontics, the dramatic revival of interest in appearance has been no exception. After satisfactory materials were developed to reproduce the natural hues and contours of the oral tissues and the teeth adequately, dentists were encouraged to apply certain flexible yet practical artistic principles to their complete dentures, based on the individual patient's needs and desires. This provides the basis for a clinical challenge to the lethargic attitude toward complete denture artificiality.

Although naturalness is the key objective for all phases of dent facial appearance, compromises between the dentist and patient must be met and resolved before these objectives can be accomplished satisfactorily. This meeting of the minds, or mental harmony, is vital to the success of any artificial restoration.

Studies of aging continue to indicate that personal pride and self-respect are not mental phenomena of any specialized or select group. Therefore, the principles of appearance are applicable to the elderly man as well as to the middle-aged woman. But if appearance is to be incorporated into the treatment plan for the denture patient, it must be done intentionally.

Esthetics may continue to be ignored in favor of the mechanical principles of function, but not without sacrifice of a pleasing and harmonious facial expression.



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# **Dental implants in dentistry**

**Prepared by**

**Khalid sabbar mahrooz**

**Mohammed Sahar Mohammed**

**Mustafa Ahmed Ali**

**Supervisor**

**Prof.Dr. Haitham Abd El-Aal Abboud**

**Dean : College of Dentistry.**

**CONSULTANT Oral Maxillofacial surgeon**



## **Abstract**

The osseointegrated interface demonstrates, on an average, some 60–70 per cent bone bordering the implant at the light microscopical level of resolution whereas ultrastructural studies have revealed that only partly calcified proteoglycan layers build up the actual interface. Interfacial bone reactions are dependent on the precise nature of the implant material, its design and surface characteristics supposing that clinical factors such as host reactions and surgical and prosthodontics techniques are being controlled.

The most commonly used, although not the only useful, material in oral implantology is cp titanium, a most biocompatible material.

The most commonly used oral implant design is the threaded screw whereas cylindrical implants without retention elements have been largely abandoned.

The nature of the implant surface is of clear relevance for interfacial reactions; micron-sized irregularities are necessary for osseointegration or biomechanical bonding.

Currently, there is evidence of bone ingrowth dependent on nanometer sized irregularities, even if the clinical relevance of

this finding remains uncertain. The discussion about an alternative type of implant anchorage (biochemical bonding), started decades ago, however so far without any undisputable evidence of its importance for the oral implant anchorage. Lately, the long-term stability of the oral implant interface has been questioned by some investigators, allegedly it would be threatened by an increasing occurrence of peri-implantitis, however in reality demonstrated for only about 2 per cent of implants over a 10–20 year follow-up.



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# Trigeminal Neuralgia

Graduation research in Partial Fulfillment of The Requirement for The  
Award of The Degree Of BDS. Council of the College College of Dentistry

**submitted by:**

Aisha Othman Fityan & Asala Sami Khalaf & Zainab Tariq Ibrahim

**Supervised by:**

Dr. Sabah Nuri Mizel

**Board (Ph.D.) Oral Maxillo-facial Medicine**

**1443 A.H**

**2022 A.D**

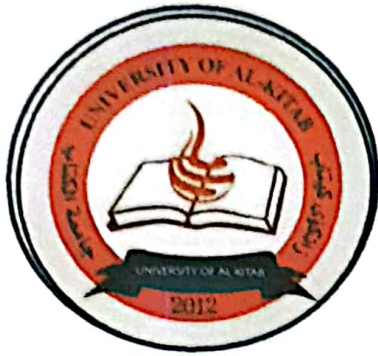
## **Abstract:**

Trigeminal Neuralgia (TN ) is a long-term pain disorder that affects the trigeminal nerve, the nerve responsible for sensation in the face and motor functions such as biting and chewing. It is a form of neuropathic pain. There are two main types: typical and atypical trigeminal neuralgia. The typical form results in episodes of severe, sudden, shock-like pain in one side of the face that lasts for seconds to a few minutes. Groups of these episodes can occur over a few hours. The atypical form results in a constant burning pain that is less severe. Episodes may be triggered by any touch to the face. Both forms may occur in the same person. It is regarded as one of the most painful disorders known to medicine, and often results in depression.

The exact cause is unknown, but believed to involve loss of the myelin of the trigeminal nerve. This might occur due to compression from a blood vessel as the nerve exits the brain stem, multiple sclerosis, stroke, or trauma. Less common causes include a tumor or arteriovenous malformation. It is a type of nerve pain. Diagnosis is typically based on the symptoms, after ruling out other possible causes such as postherpetic neuralgia.

Treatment includes medication or surgery. The anticonvulsant carbamazepine or oxcarbazepine is usually the initial treatment, and is effective in about 90% of people. Side effects are frequently experienced that necessitate drug withdrawal in as many as 23% of patients. Other options include lamotrigine, baclofen, gabapentin, amitriptyline and pimozone. Opioids are not usually effective in the typical form. In those who do not improve or become resistant to other measures, a number of types of surgery may be tried.





**Ministry of Higher education and scientific research**

**AL-ketab University college of dentistry**

**The fifth stage**

**Complication of the lower third molar extraction**

**Prepared by:**

**Muhamad Hassan Qadir**

**Mustafa Yousif Sharif**

**Supervised by:**

**Dr . Hiwa Karim Rashid**

**B.D.S, F.K.B.M.S (OMFS)**

## **INTRODUCTION**

Third molar surgery is one of the most common procedures performed in oral and maxillofacial surgery offices. Nevertheless, this procedure requires accurate planning and surgical skills. With surgical procedures in general, complications can always arise. The reported frequencies of complications after third molar removal are reported between . spectrum of complications range from minor expected sequelae of post-operative pain and swelling, to permanent nerve damage, mandibular fractures, and life threatening infections. Minor complications are generally defined as complications that can recover without any further treatment. Major complications can be defined as complications that need further treatment and may result in irreversible consequences .Although impacted third molars may remain symptom-free indefinitely, they may be responsible for significant pathology. Pain, pericoronitis, development of periodontal disease on the second molar, crown and/or root resorption of the second molar, caries in third or second molars and TMJ-symptoms are associated with retained third molars. More significant pathology such as fascial space and odontogenic cysts or tumors may also occur. There are numerous recent studies. For the general dental practitioner, as well as the oral and maxillofacial surgeon, it is important to be familiar with all the possible complications. This improves patient education and leads to early recognition and management.

REPUBLIC OF IRAQ  
MINISTRY HIGHER EDUCATION AND  
SCIENTIFIF RESEARCH  
AL-KITAB UNIVERSITY  
COLLEGE OF DENTISTRY



**LOWER THIRD MOLAR,S ACCOMPANIED PROBLEMS  
(GRADUATION PROJECT )**

**A RESARCH SUBMITTED TO THE COUNCIL OF THE COLLEGE OF  
DETISTRY IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE  
DEGREE OFBACHELOR IN DENTAL SCIENCES .**

**By**

**BANAN JALAL MOHAMMED**

**LINA ASSI SALEEM**

**SARA KHALIL MAWLOOD**

**SUPERVISED BY:**

**DR.ABDULLAH ABBAS HASAN**

**B.D.S .,MSC., ORAL SURGERY**

**MAY A.D 2022**

**SHAW AL 1443 A.H**



## **Abstract**

### **Background and objective:**

Impacted tooth is a tooth which is completely or partially unerupted. The most common impacted tooth is wisdom teeth. Impacted wisdom teeth can cause problems. The aim of the research is finding the problems that associated with impacted third molars.

### **Materials and methods:**

This was prospective study of 86 OPG ,10 PA,8 CBCT of patient who visited the Hawler Medical University College of Dentistry, Rizgary hospital, private clinic. Of these 90 patients with 104 impacted third molars from October 2021 to February 2022 were included in the study. The age range of these patients was of 17 to 58 years. Patients were assessed by history, clinical and radiographic examination. We reviewed x-ray in order to determine the number of pathologies associated with impacted third molar.

### **Results:**

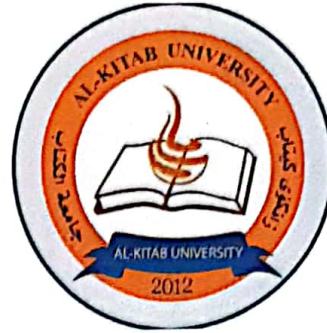
The prevalence of pathologies associated with impacted third molar in Erbil clinics was pericoronitis to be (48%) and caries third molar (28%) and carious 2<sup>nd</sup> molars to be (38.4%) and root resorption to be (7%) and finally cyst occurrence rate was (2%).

### **Conclusions:**

The most common pathology were pericoronitis, distal second molar caries and perodontal pocket formation between the impacted tooth and second molar tooth was associated pathology with the impacted molar in this study . These were frequently associated with a mesio -angular impaction. It's also more common in lower third molars than in upper ones.

**Keywords:** Third molars, Impaction, Pericoronitis , Caries.

**Republic of Iraq**  
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**And Scientific Research**  
**University of AL-Kitab**  
**College of Dentistry**



## **Sterilization And Disinfection**

*A project submitted to the scientific committee of Department of  
Microbiology , College of Dentistry, University of  
AL-Kitab , in partial fulfillment of the requirement for the B.D.S. degree*

**This research has been done by**

ALI H. SHAKIR

MOHAMMED H. HASSAN

AHMED B. AHMED

**Supervised by**

TARA F. RAHEEM

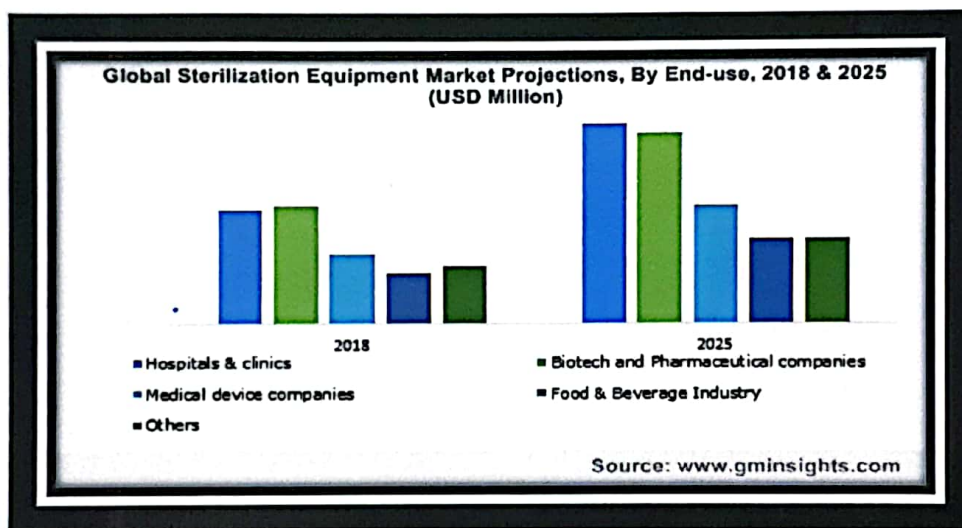
M.Sc

**2022A.D**

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## 1.2 : INTRUCTION

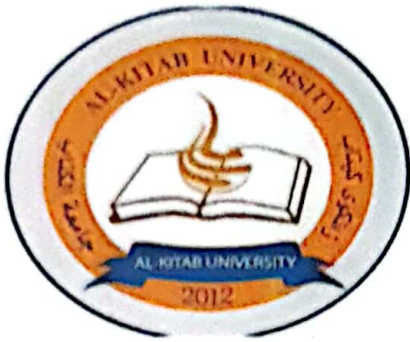
*Disinfection and sterilization are essential for ensuring that medical and surgical instruments do not transmit infectious pathogens to patients. Because sterilization of all patient-care items is not necessary, health-care policies must identify, primarily on the basis of the items' intended use, whether cleaning, disinfection, or sterilization is indicated.*



**Figure 3 : global sterilization equipment market projection**

*In the United States, approximately 46.5 million surgical procedures and even more invasive medical procedures—including approximately 5 million gastrointestinal endoscopies—are performed each year. Each procedure involves contact by a medical device or surgical instrument with a patient's sterile tissue or mucous membranes. A major risk of all such procedures is the introduction of pathogens that can lead to infection.*





**Republic of Iraq**

**Ministry of higher Education & Scientific Research  
Al-kitab University College of dentistry**

**The potential of hyaluronic acid in the  
treatment of periodontal inflammation**

## Abstract

Hyaluronic acid is a naturally occurring linear polysaccharide identified in all periodontal tissues in varying quantities. It is a very promising alternative as a mediator of periodontal tissue regeneration, because of its vast presence in periodontal tissues and its anti-inflammatory capacity.

The objective of this literature review was to evaluate the potential of hyaluronic acid in the treatment of periodontal inflammation.

A survey was conducted between November 2016 and March 2017 in *MEDLINE, B-on, Scopus and Google Scholar database*. Manuscript analysis was substantiated on Meta-Analysis Reporting

Standards. The languages elected for articles selection were English, French, Portuguese and Spanish, and the time limit was the period from 2007 to 2017. That search resulted in 33 articles with the eligibility criteria.

Hyaluronic acid has shown anti-inflammatory, anti-oedematous and anti-bacterial effects in the treatment of periodontal diseases. In the treatment of gingivitis or periodontitis, hyaluronic acid presents advantages when used alone or used as an adjuvant.

Despite hyaluronic acid identified properties, further long-term studies need to be carried out discussing application time, quantity of application, different forms and concentrations. These studies could also optimize administration protocols and establish proper recommendations for its use.

Hyaluronic acid presents beneficial effects on periodontal inflammation, with importance on a microbiological level with favorable clinical outcomes.

**Key words:** hyaluronic acid, gingival inflammation, periodontal disease, periodontal regeneration.

Republic of Iraq  
Ministry of Higher Education  
and Scientific Research  
University of Alkitab  
College of Dentistry



**Pulp Therapy For Immature Permanent Teeth**

A project

Submitted to the College of Dentistry, University of Alkitab, Department of Pedodontics  
& Preventive Dentistry in partial fulfillment for the requirement to award the degree of B.  
D. S.

By :

**Alhamza Abdulkareem Mohammad**

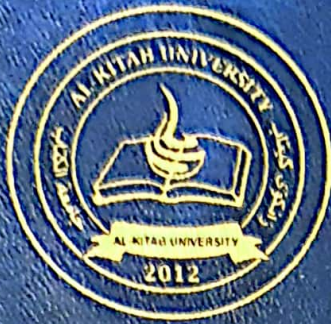
**Balqees Kareem Kietan**

5<sup>th</sup> stage

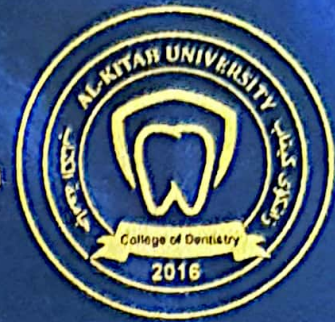
**Supervised by :**  
**Hiwa saeed**

2021 / 2022





Republic of Iraq  
Ministry of Higher Education  
And Scientific Research



# **The effect of excessive mouthwash on oral health**

**A Study**

**Submitted to College of Dentistry, University of Al-kitab as  
Partial Fulfillment of the Requirements of Degree B.D.S.**

**Submitted by:  
Maryam Talal Sabbar  
Ali Khalid Ahmed  
Mostafa Ahmed Subhee**

**Supervised by:  
Dr. Reem Adeeb Mohammed**

**2022 A.D**

**1443 A.H**





Republic of Iraq  
Ministry of Higher Education  
And Scientific Research



# **The effect of excessive mouthwash on oral health**

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**Submitted by:  
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Dr. Reem Adeeb Mohammed**

**2022 A.D**

**1443 A.H**

## **Introduction**

Mouth is a complex ecosystem, which contains many microbial inhabitants including bacteria, viruses and fungi. These microorganisms grow in thin layers on the mouth's surfaces as teeth, tongue and mucosa membrane. Today, these layers are called biofilm. Biofilms are spatially-organized communities of bacteria attached to a surface and enclosed in a matrix of extra-cellular material derived from both the component species and the environment. (Costerton JW, Cook G, Lamont R, 1999)

Biofilm exists to allow microorganisms to stick to surfaces and to multiply, representing the preferred method of growth for many bacterial species and providing a number of advantages to colonizing species. Protection from both competing microorganisms and environmental factors, such as host defense mechanisms, is the main advantage to colonizing species, including protection from potentially toxic substances such as chemicals and antibiotics. (Socransky S, Haffajee AD, 2002)

Plaque is the primary aetiologic agent in the development of dental caries, gingivitis and periodontal disease. Mechanical removal of plaque through frequent and efficacious brushing and flossing is the principal means of preventing periodontal diseases and diminishing the risk of caries. (Daly CG 2009)

However, some individuals lack the dexterity, skill or motivation for mechanical plaque removal. Mouth-rinsing is easier to perform and may aid in controlling supragingival plaque and gingivitis, but it should always be used in conjunction with mechanical hygiene. Mouthwashes should only be used for short periods of time and should never be the sole means of oral hygiene. (Rolla G, Melsen B. 1995)

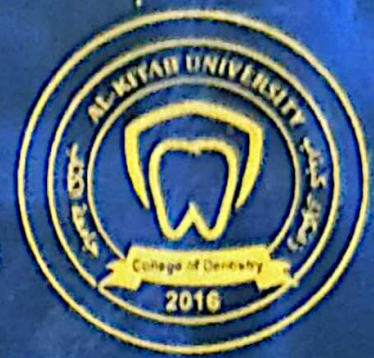
Some manufacturers of mouthwash claim that antiseptic and anti-plaque mouth rinse kill the bacterial plaque causing cavities, gingivitis, and bad breath. Anti-cavity mouth rinse uses fluoride to protect against tooth decay. It is, however, generally agreed that the use of mouthwash does not eliminate the need for both brushing and flossing.

Mouthwashes may contain any combination of the following ingredients: active medicaments (e.g. antifungals, antiseptics, antibiotics, anti-inflammatories), astringents,





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# **DENTAL VENEER**

**A RESEARCH SUBMITTED TO COLLEGE OF DENTISTRY,  
UNIVERSITY OF AL-KITAB AS PARTIAL FULFILMENT OF THE  
REQUIRMENT OF DEGREE B.Sc. IN DENTISTRY**

**Submitted BY:**

**Ahmed Bassil Sultan**

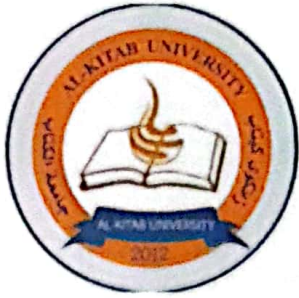
**Makaryos Faiz Wadia**

**Ahmed Ayad Ramadan**

**SUPERVISED BY:**

**LEC. DR. Intesar Saadallah Toma**





Republic of Iraq  
Ministry of Higher Education  
And Scientific Research



# DENTAL VENEER

A RESEARCH SUBMITTED TO COLLEGE OF DENTISTRY, UNIVERSITY OF AL-KITAB AS PARTIAL FULFILMENT OF THE REQUIRMENT OF DEGREE B.Sc. IN DENTISTRY

**Submitted BY:**

**Ahmed Bassil Sultan**

**Makaryos Faiz Wadia**

**Ahmed Ayad Ramadan**

**SUPERVISED BY:**

**LEC. DR. Intesar Saadallah Toma**

## **ACKNOWLEDGEMENT**

**First We would like to thank God Almighty for giving us the strength, knowledge, ability and opportunity to undertake this research study and to persevere and complete it satisfactorily**

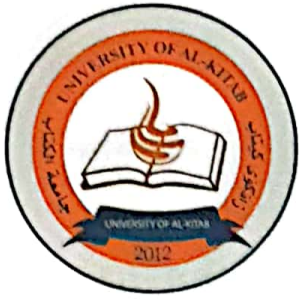
**We would like to thank our supervisor DR. Intesar Saadallah Toma for her continuous guidance and her endless support throughout the preparation of this research.**

**We would like to express grateful thanks to our lovely family, our wonderful parents, for everything.**

## **ABSTRACT**

**Laminate veneers are a conservative treatment of unaesthetic anterior teeth. The continued development of dental ceramics offers clinicians many options for creating highly aesthetic and functional porcelain veneers. This evolution of materials, ceramics, and adhesive systems permits improvement of the aesthetic of the smile and the self-esteem of the patient. Clinicians should understand the latest ceramic materials in order to be able to recommend them and their applications and techniques, and to ensure the success of the clinical case.**





**Republic of Iraq  
Ministry of Higher Education  
And Scientific Research**



# **ORTHODONTIC DIAGNOSIS**

**A Study**

**Submitted to College of Dentistry, University of Al-Kitab as Partial  
Fulfillment of the Requirements of Degree B.Sc. in Orthodontics**

**5 TH GRADE**

**Submitted by;  
Mishkat Khalid Hussein**

**Supervised by :  
Assistant Prof.  
Dr .Fadhil Yaseen Jasim**

**2022 A.D**

**1443 A.H**

## INTRODUCTION

Treatment is secondary, the primary task for the clinician is to identify the problem and find its etiology. Once this is done, and only then can a treatment plan be formulated. Diagnosis involves the development of a comprehensive and concise database of pertinent information, sufficient to understand the patient's problem as well as answer questions arising in the treating clinician's mind. The data is derived from essential and nonessential supplemental diagnostic aids.

Orthodontic diagnosis deals with recognition of the various characteristics of the malocclusion. It involves collection of different data in a systemic manner to help in the identifying the nature and cause of the problem. Comprehensive orthodontic diagnosis is established by use of certain clinical implements called Diagnostic Aids. (Gurkeerat et al.,2007)

In diagnosis, whether in orthodontics or other areas of dentistry or medicine, it is important not to concentrate so closely on one aspect of the patient's overall condition that other significant problems are overlooked. In contemporary orthodontics, this is particularly true because patients' concerns and priorities are often critical determinants of treatment plans, and it can be difficult sometimes for the orthodontist not to "rush to judgment" during the initial examination. A natural bias of any specialist (and one does not have to be a dental specialist to already take a very specialized point of view) is to characterize problems in terms of his or her own special interest. This bias must be recognized and consciously resisted.

Diagnosis, in short, must be comprehensive and not focused on only a single aspect of what in many instances can be a complex situation. Orthodontic diagnosis requires a broad overview of the patient's situation and must take into consideration both objective and subjective findings. It is important not to characterize the dental occlusion while overlooking a jaw discrepancy, developmental syndrome, systemic disease, periodontal problem, psychosocial problem, or the cultural milieu in which the patient is living. The problem-oriented approach to diagnosis and treatment planning has been widely advocated in medicine and dentistry as a way to overcome the tendency to concentrate on only one aspect of a patient's problems. The essence of the problem-oriented approach is to develop a comprehensive database of pertinent information so that no problems will be overlooked. For orthodontic purposes, the database may be thought of as derived from three major sources: (1) interview data from questions (written and oral) of the patient (and parents, if appropriate); (2) clinical examination of the patient; and (3) evaluation of diagnostic records, including dental casts, radiographs, and photographs. Because all possible diagnostic